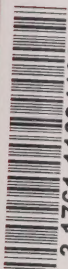


CA1

BS

- Z009



3 1761 11634108 2

Statistics Canada
1981 Census of Canada





Digitized by the Internet Archive
in 2023 with funding from
University of Toronto

<https://archive.org/details/31761116341082>



CA1

735

-Z009



1981 Census of Canada

Please complete your questionnaire on
Wednesday, June 3, 1981

Prov.	FED No.	EA No.	VN	1.
Hhld. No.	Doc. type 3	No. of persons	Quest. No. of	

2B

1 ☐ S/M 3 ☐ TR
2 ☐ UD 4 ☐ FR

Aux francophones:

Si ce questionnaire anglais vous a été remis par erreur et si vous désirez un questionnaire français, veuillez appeler le Service auxiliaire téléphonique. Les numéros à composer figurent sur la couverture arrière. On vous remettra un questionnaire dans la langue de votre choix.

Legal requirement

The census of Canada is taken under the authority of the Statistics Act, which requires everyone to provide the information requested.

Confidential when completed

The information you will give will be kept confidential and used only for the production of statistics. No one will see the answers you give except for persons sworn to secrecy under the Statistics Act. These persons are subject to prosecution and legal penalties if they disclose personal census information.

Please complete address or exact location:

Street and No. or lot and concession

City, town, village, municipality

Province or territory

Postal code

Telephone number:

To Temporary Residents

If all members of this household are **Temporary Residents** (i.e., persons staying here temporarily who have a usual home elsewhere in Canada), enter the total number of temporary residents in this box
and do not complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

To Foreign Residents

If all members of this household are **Foreign Residents** (see below), mark this box ☐
and do not complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

Foreign Residents
(any person in the following categories):

- government representatives of another country attached to the legation, embassy or other diplomatic body of that country in Canada, and their families;
- members of the Armed Forces of another country, and their families;
- students from another country attending school in Canada, and their families;
- workers from another country in Canada on Employment Visas, and their families; and
- residents of another country visiting in Canada temporarily.

NOTE:

The guide should provide the answers to any problems that may arise. If not, don't hesitate to call our Telephone Assistance Service. The numbers to call are listed on the back cover of this questionnaire and all calls are free of charge.

A message to all Canadians . . .

Every five years Canada takes a census — a national stock-taking of its people and their housing. From the information it provides, we, as a nation, are better equipped to meet the many challenges facing us at every level, national, regional and local.

The answers you give, when compiled into statistics, are used in determining economic and social policies, planning industrial development, and estimating needs for schools, roads and many other public services.

Population figures are used to determine electoral district boundaries, and to calculate per capita grants to provinces and municipalities. For every person who does not initially respond, additional funds must be spent on follow-up procedures. The failure to count yourself in could result in the loss of revenue to your own community.

The Statistics Act, under which the census is carried out, not only defines your obligation to co-operate, but ensures that the information you provide will be kept confidential and used only for the purposes of that Act.

Your co-operation is essential. Please do your part by completing this questionnaire promptly, as of June 3, 1981, in accordance with the instructions provided.

Thank you for your co-operation.

Census statistics tell us that:

- In 1976 the population of Canada was 22,992,604, an increase of almost one and a half million since 1971.
- Between 1971 and 1976 the percentage of married women who were in the labour force increased from 37% to 44%.
- Between 1971 and 1976 the under 30 population decreased to 53.8% of the total from 55.5%.
- Between 1971 and 1976 the number of children in Canada under 10 years old decreased by 450,000. At the same time, Canadians 50 years of age and over increased by 618,000.
- In 1976, 1,205,000 Canadians were living alone, an increase of almost 400,000 since 1971. More than one third (429,000) were 65 years of age and over.

How to Fill Out This Questionnaire

Please mark ☒ all your answers clearly with a dark pencil or pen.

Answer the questions on pages 2 through 5. Then, starting with page 6, fill three pages for each person in your household, using the same order as you used in Question 1. For example, information for Person 2 will be entered on pages 9, 10, 11; information for Person 3 on pages 12, 13 and 14, etc.

☒ one box only to describe his or her relationship to Person 1.

"Other non-relative", print in the relationship to Person 1. Tips are:

mother room-mate's daughter
employee's husband

See Guide.

- | | |
|--|---|
| <input type="checkbox"/> Brother-in-law or sister-in-law of Person 1 | 12 <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Grandchild of Person 1 | 13 <input type="checkbox"/> Lodger's husband or wife |
| <input type="checkbox"/> Nephew or niece of Person 1 | 14 <input type="checkbox"/> Lodger's son or daughter |
| <input type="checkbox"/> Other relative of Person 1 (print below) | 15 <input type="checkbox"/> Room-mate |
| | 16 <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Other non-relative (print below) |

- | | |
|--|---|
| <input type="checkbox"/> Brother-in-law or sister-in-law of Person 1 | 12 <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Grandchild of Person 1 | 13 <input type="checkbox"/> Lodger's husband or wife |
| <input type="checkbox"/> Nephew or niece of Person 1 | 14 <input type="checkbox"/> Lodger's son or daughter |
| <input type="checkbox"/> Other relative of Person 1 (print below) | 15 <input type="checkbox"/> Room-mate |
| | 16 <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Other non-relative (print below) |

- | | |
|--|---|
| <input type="checkbox"/> Brother-in-law or sister-in-law of Person 1 | 12 <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Grandchild of Person 1 | 13 <input type="checkbox"/> Lodger's husband or wife |
| <input type="checkbox"/> Nephew or niece of Person 1 | 14 <input type="checkbox"/> Lodger's son or daughter |
| <input type="checkbox"/> Other relative of Person 1 (print below) | 15 <input type="checkbox"/> Room-mate |
| | 16 <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Other non-relative (print below) |

- | | |
|--|---|
| <input type="checkbox"/> Brother-in-law or sister-in-law of Person 1 | 12 <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Grandchild of Person 1 | 13 <input type="checkbox"/> Lodger's husband or wife |
| <input type="checkbox"/> Nephew or niece of Person 1 | 14 <input type="checkbox"/> Lodger's son or daughter |
| <input type="checkbox"/> Other relative of Person 1 (print below) | 15 <input type="checkbox"/> Room-mate |
| | 16 <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Other non-relative (print below) |

- | | |
|--|---|
| <input type="checkbox"/> Brother-in-law or sister-in-law of Person 1 | 12 <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Grandchild of Person 1 | 13 <input type="checkbox"/> Lodger's husband or wife |
| <input type="checkbox"/> Nephew or niece of Person 1 | 14 <input type="checkbox"/> Lodger's son or daughter |
| <input type="checkbox"/> Other relative of Person 1 (print below) | 15 <input type="checkbox"/> Room-mate |
| | 16 <input type="checkbox"/> Employee |
| | <input type="checkbox"/> Other non-relative (print below) |

3. DATE OF BIRTH

Print day, month and year. Example:
If you were born on the 10th of
February, 1945, you would enter

10	
Day	
02	1945
Month	Year

If exact date is not known, enter
best estimate.

Day

18	
Month	Year

Day

18	
Month	Year

Day

18	
Month	Year

Day

18	
Month	Year

Day

18	
Month	Year

Day

18	
Month	Year

4. SEX

19 ☐ Male

20 ☐ Female

19 ☐ Male

20 ☐ Female

19 ☐ Male

20 ☐ Female

19 ☐ Male

20 ☐ Female

19 ☐ Male

20 ☐ Female

19 ☐ Male

20 ☐ Female

5. MARITAL STATUS

What is your marital
status?

(See Guide for further
information.)

Mark one box only

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

21 ☐ Now married
(excluding separated)

22 ☐ Separated

23 ☐ Divorced

24 ☐ Widowed

25 ☐ Never married
(single)

6. What is the language you **first**
learned in childhood and **still**
understand?

Mark one box only

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

57 ☐ English

58 ☐ French

59 ☐ German

60 ☐ Italian

61 ☐ Ukrainian

62 ☐ Other (specify)

OFFICE
USE
ONLY

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

63 ☐ A

64 ☐ F

65 ☐ M

66 ☐ U

A dwelling is a separate set of living quarters with a **private entrance** from the outside or from a common hallway or stairway inside the building. This entrance should not be through someone else's living quarters.

7. Enter the name of the person (or one of the persons) who lives here and is responsible for paying the rent, or mortgage, or taxes, or electricity, etc., for this dwelling.

07

01

Last name

Given name and initial

This person should answer the following questions about this dwelling.

NOTE: If no one living here makes any such payments, mark here ☐ and answer the dwelling questions yourself.

8. How many persons usually live here (according to the WHOM TO INCLUDE item in the INSTRUCTIONS FOR QUESTION 1)?

02

Number of persons

9. Did you leave anyone out of Question 1 because you were not sure whether he or she should be listed? *For example, a student, a lodger who also has another home, a new baby still in hospital, or a former occupant of this household who has become a patient in a hospital or sanatorium within the past six months.*

☐ Yes☐ No

If "Yes", print the name of each person left out and the reason.

Name

Reason

Name

Reason

If you require more space, please use the Comments section on the back cover.

10. How many persons who have a usual home elsewhere in Canada are staying or visiting here temporarily (as of Census Day, June 3)?

☐ None

OR

☐

Number of persons

11. Is this dwelling:

Mark one box only

03 ☐ owned or being bought by you or a member of this household?

04 ☐ rented (even if no cash rent is paid)?

12. Is this dwelling a:

Mark one box only

- 05 ☐ **single house** — a single dwelling not attached to any other building and surrounded on all sides by open space?



- 06 ☐ **semi-detached or double house** — one of two dwellings attached side by side but not attached to any other building and surrounded on all other sides by open space?



- 07 ☐ **duplex** — one of two dwellings, one above the other, not attached to any other building and surrounded on all sides by open space?



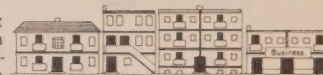
- 08 ☐ **row house** — one of three or more dwellings joined side by side but not having any other dwellings either above or below?



- 09 ☐ **apartment in a building that has five or more storeys** — for example, a dwelling unit in a highrise apartment building?



- 10 ☐ **apartment in a building that has less than five storeys** — for example, a dwelling unit in a triplex, quadruplex or a dwelling unit in a non-residential building or in a house that has been converted?



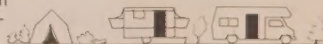
- 11 ☐ **house attached to a non-residential building** — a single dwelling attached at ground level to another building (such as a store, etc.) but separated from it by a common wall running from ground to roof?



- 12 ☐ **mobile home** (designed and constructed to be transported on its own chassis and capable of being moved on short notice)?



- 13 ☐ **other movable dwelling** (such as a tent, travel trailer, railroad car or houseboat)?



OFFICE USE ONLY

14 ☐ Trans.18 ☐ JIC — A15 ☐ Coll.19 ☐ JIC — B16 ☐ Ref.17 ☐ Miss.

13. When was this dwelling or the building containing this dwelling originally built? (To the best of your knowledge, mark the period in which the building was completed, not the time of any later remodelling, additions or conversions.)

08 **Mark one box only**

- | | |
|--|---|
| 01 <input type="checkbox"/> 1920 or before | 05 <input type="checkbox"/> 1971 - 1975 |
| 02 <input type="checkbox"/> 1921 - 1945 | 06 <input type="checkbox"/> 1976 - 1979 |
| 03 <input type="checkbox"/> 1946 - 1960 | 07 <input type="checkbox"/> 1980 |
| 04 <input type="checkbox"/> 1961 - 1970 | 08 <input type="checkbox"/> 1981 |

14. How long have you lived in this dwelling?

Mark one box only

- 09 ☐ Less than one year
 10 ☐ One to two years
 11 ☐ Three to five years
 12 ☐ Six to ten years
 13 ☐ More than ten years

15. How many rooms are there in this dwelling? (Include kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, halls, vestibules and rooms used solely for business purposes.)

14 Number of rooms

16. How many bathrooms are there within this dwelling?

(See Guide for further information.)

- 15 ☐ None
 OR

16 Number of complete bathrooms

17 Number of half bathrooms

17. What is the main type of heating equipment for this dwelling?

Mark one box only

- 18 ☐ Steam or hot water furnace
 19 ☐ Forced hot air furnace
 20 ☐ Installed electric heating system
 21 ☐ Heating stove, cooking stove, space heater
 22 ☐ Other (fireplace, etc.)

18. (a) Which fuel is used most for heating this dwelling?

- | | |
|--|--|
| 23 <input type="checkbox"/> Oil or kerosene | 27 <input type="checkbox"/> Wood |
| 24 <input type="checkbox"/> Piped gas, e.g., natural gas | 28 <input type="checkbox"/> Coal or coke |
| 25 <input type="checkbox"/> Bottled gas, e.g., propane | 29 <input type="checkbox"/> Other fuel |
| 26 <input type="checkbox"/> Electricity | |

- (b) Which fuel is used most for water heating in this dwelling?

- | | |
|--|--|
| 30 <input type="checkbox"/> Oil or kerosene | 34 <input type="checkbox"/> Wood |
| 31 <input type="checkbox"/> Piped gas, e.g., natural gas | 35 <input type="checkbox"/> Coal or coke |
| 32 <input type="checkbox"/> Bottled gas, e.g., propane | 36 <input type="checkbox"/> Other fuel |
| 33 <input type="checkbox"/> Electricity | |

19. Is this dwelling in need of any repairs? (Do not include desirable remodelling or additions.)

- 37 ☐ No, only **regular maintenance** is needed (painting, furnace cleaning, etc.)
 38 ☐ Yes, **minor repairs** are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)
 39 ☐ Yes, **major repairs** are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)

Answer Questions 20 to 22 for only the dwelling that you **now** occupy, even if you own or rent more than one dwelling. If exact amount is not known, please enter your best estimate.

NOTE: If you are a farm operator living on the farm you operate, mark here

40 ☐ and go to page 6.

20. For this dwelling, what are the yearly payments (last 12 months) for:

(a) electricity?

41 ☐ None, or included in rent or other payments,

OR

Dollars Cents

42 00 per year

(b) oil, gas, coal, wood or other fuels?

43 ☐ None, or included in rent or other payments,

OR

Dollars Cents

44 00 per year

(c) water and other municipal services?

45 ☐ None, or included in rent, municipal taxes or other payments,

OR

Dollars Cents

46 00 per year

21. For **RENTERS only**: What is the monthly cash rent you pay for this dwelling?

47 ☐ Rented without payment of cash rent

OR


Dollars Cents

48 00 per month

Go to page 6

22. For **OWNERS only**:

(a) What are your total regular monthly mortgage (or debt) payments for this dwelling?


49 ☐ None  Go to Question 22(c)

OR

Dollars Cents

50 00 per month

(b) Are your property taxes (municipal and school) included in the amount shown in Question 22(a)?

51 ☐ Yes  Go to Question 22(d)

52 ☐ No

(c) What are your estimated yearly property taxes (municipal and school) for this dwelling?

53 ☐ None

OR

Dollars Cents

54 00 per year

(d) If you were to sell this dwelling now, for how much would you expect to sell it?

Dollars Cents

55 00

(e) Is this dwelling part of a registered condominium?

56 ☐ Yes

57 ☐ No

NAME OF PERSON 1

Last name

Given name and initial

23. Where were you born? (Mark according to present boundaries.)

IN CANADA**OUTSIDE CANADA**

09 Mark one box only

Mark one box only

01 ☐ Nfld.13 ☐ United Kingdom02 ☐ P.E.I.14 ☐ Italy03 ☐ N.S.15 ☐ U.S.A.04 ☐ N.B.16 ☐ West Germany05 ☐ Que.17 ☐ East Germany06 ☐ Ont.18 ☐ Poland07 ☐ Man.
08 ☐ Sask.

Other (specify)

09 ☐ Alta.19 ☐10 ☐ B.C.11 ☐ Yukon12 ☐ N.W.T.

24. Of what country are you a citizen?

Mark as many boxes as apply

20 ☐ Canada, by birth **Go to Question 26**21 ☐ Canada, by naturalization22 ☐ Same as country of birth (other than Canada) **Go to Question 25**23 ☐ Other

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

Year

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

(See Guide for further information.)

25 ☐ French

Native Peoples

26 ☐ English37 ☐ Inuit27 ☐ Irish38 ☐ Status or registered Indian28 ☐ Scottish39 ☐ Non-status Indian29 ☐ German40 ☐ Métis30 ☐ Italian31 ☐ Ukrainian32 ☐ Dutch (Netherlands)33 ☐ Polish34 ☐ Jewish35 ☐ Chinese

Other (specify)

27. What is your religion?

Mark one box only

41 ☐ Roman Catholic49 ☐ Ukrainian Catholic42 ☐ United Church50 ☐ Pentecostal43 ☐ Anglican51 ☐ Jehovah's Witnesses44 ☐ Presbyterian52 ☐ Mennonite45 ☐ Lutheran53 ☐ Salvation Army46 ☐ Baptist54 ☐ Islam47 ☐ Greek Orthodox55 ☐ No religion48 ☐ Jewish

Other (specify)

28. What language do you **yourself** speak at home now?

(If more than one language, which language do you speak most often?)

Mark one box only

57 ☐ English58 ☐ French59 ☐ German60 ☐ Italian61 ☐ Ukrainian

Other (specify)

29. Can you speak English or French well enough to conduct a conversation?

(See Guide for further information.)

Mark one box only

63 ☐ English only64 ☐ French only65 ☐ Both English and French66 ☐ Neither English nor French

30. Were you born before June 3, 1966?

☐ No **END HERE FOR THIS PERSON**☐ Yes **Continue with Questions 31 to 46**

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

(See Guide for further information.)

67 ☐ No schooling or kindergarten only
OR68 ☐ Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

69 ☐ None70 ☐ Less than 1 year (of completed courses)71 ☐ Number of completed years33. How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

(See Guide for further information.)

72 ☐ None73 ☐ Less than 1 year (of completed courses)74 ☐ Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

(See Guide for further information.)

Mark as many boxes as apply

75 ☐ None76 ☐ Secondary (high) school graduation certificate77 ☐ Trades certificate or diploma78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)79 ☐ University certificate or diploma **below** bachelor level80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)81 ☐ University certificate or diploma **above** bachelor level82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 1 — CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

44. (a) In this job were you mainly:

02 ☐ working for wages, salary, tips or commission?03 ☐ working without pay for a relative in a family farm or business?04 ☐ self-employed without paid help?05 ☐ self-employed with paid help?

Go to Question 45

Continue with Question 44(b)

(b) If self-employed, was your farm or business incorporated?

06 ☐ No07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

08 ☐ None ▶ Go to Question 46

OR

09 ☐ Weeks

(b) During most of those weeks, did you work full-time or part-time?

Mark one box only

10 ☐ Full-time11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

12 ☐ In.

46. During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

13 ☐ Yes14 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

15 ☐ Yes17 ☐ No16 ☐ Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

18 ☐ Yes20 ☐ No19 ☐ Loss

(d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f))

21 ☐ Yes22 ☐ No

(e) Benefits from Unemployment Insurance

23 ☐ Yes24 ☐ No

(f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances)

25 ☐ Yes26 ☐ No

(g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

27 ☐ Yes29 ☐ No28 ☐ Loss

(h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances)

30 ☐ Yes31 ☐ No

(i) Total income from all of the above sources (Do not include family allowances)

32 ☐ Yes34 ☐ No33 ☐ LossEND OF QUESTIONS FOR PERSON 1
PERSON 2 — CONTINUE

NAME OF PERSON 2

Last name	Given name and initial

23. Where were you born? (Mark according to present boundaries.)

■ IN CANADA

12 Mark one box only

- 01 ☐ Nfld.
 02 ☐ P.E.I.
 03 ☐ N.S.
 04 ☐ N.B.
 05 ☐ Que.
 06 ☐ Ont.
 07 ☐ Man.
 08 ☐ Sask.
 09 ☐ Alta.
 10 ☐ B.C.
 11 ☐ Yukon
 12 ☐ N.W.T.

OUTSIDE CANADA

Mark one box only

- 13 ☐ United Kingdom
 14 ☐ Italy
 15 ☐ U.S.A.
 16 ☐ West Germany
 17 ☐ East Germany
 18 ☐ Poland

Other (specify)

19 ☐

24. Of what country are you a citizen?

■ Mark as many boxes as apply

- 20 ☐ Canada, by birth ▶ Go to Question 26
 21 ☐ Canada, by naturalization
 22 ☐ Same as country of birth (other than Canada) ▶ Go to Question 25
 23 ☐ Other

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

24

Year

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

(See Guide for further information.)

- | | |
|---|---|
| 25 <input type="checkbox"/> French | Native Peoples |
| 26 <input type="checkbox"/> English | 37 <input type="checkbox"/> Inuit |
| 27 <input type="checkbox"/> Irish | 38 <input type="checkbox"/> Status or registered Indian |
| 28 <input type="checkbox"/> Scottish | 39 <input type="checkbox"/> Non-status Indian |
| 29 <input type="checkbox"/> German | 40 <input type="checkbox"/> Métis |
| 30 <input type="checkbox"/> Italian | |
| 31 <input type="checkbox"/> Ukrainian | |
| 32 <input type="checkbox"/> Dutch (Netherlands) | |
| 33 <input type="checkbox"/> Polish | |
| 34 <input type="checkbox"/> Jewish | |
| 35 <input type="checkbox"/> Chinese | |

36 ☐

Other (specify)

27. What is your religion?

■ Mark one box only

- | | |
|--|---|
| 41 <input type="checkbox"/> Roman Catholic | 49 <input type="checkbox"/> Ukrainian Catholic |
| 42 <input type="checkbox"/> United Church | 50 <input type="checkbox"/> Pentecostal |
| 43 <input type="checkbox"/> Anglican | 51 <input type="checkbox"/> Jehovah's Witnesses |
| 44 <input type="checkbox"/> Presbyterian | 52 <input type="checkbox"/> Mennonite |
| 45 <input type="checkbox"/> Lutheran | 53 <input type="checkbox"/> Salvation Army |
| 46 <input type="checkbox"/> Baptist | 54 <input type="checkbox"/> Islam |
| 47 <input type="checkbox"/> Greek Orthodox | 55 <input type="checkbox"/> No religion |
| 48 <input type="checkbox"/> Jewish | |

Other (specify)

28. What language do you yourself speak at home now?

■ (If more than one language, which language do you speak most often?)

Mark one box only

- 57 ☐ English
 58 ☐ French
 59 ☐ German
 60 ☐ Italian
 61 ☐ Ukrainian

Other (specify)

29. Can you speak English or French well enough to conduct a conversation?

(See Guide for further information.)

Mark one box only

- 63 ☐ English only
 64 ☐ French only
 65 ☐ Both English and French
 66 ☐ Neither English nor French

30. Were you born before June 3, 1967?

- ☐ No ▶ END HERE FOR THIS PERSON
☐ Yes ▶ Continue with Questions 31 to 46

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

(See Guide for further information.)

- 67 ☐ No schooling or kindergarten only
 OR
 68 Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

- 69 ☐ None
 70 ☐ Less than 1 year (of completed courses)
 71 Number of completed years

33. How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

(See Guide for further information.)

- 72 ☐ None
 73 ☐ Less than 1 year (of completed courses)
 74 Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

■ (See Guide for further information.)

Mark as many boxes as apply

- 75 ☐ None
 76 ☐ Secondary (high) school graduation certificate
 77 ☐ Trades certificate or diploma
 78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
 79 ☐ University certificate or diploma below bachelor level
 80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
 81 ☐ University certificate or diploma above bachelor level
 82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 2 – CONTINUED

35. Have you attended a school, college or university at any time since last September? (Include attendance at elementary or secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.)

13 Mark one box only

- 01 ☐ No
 02 ☐ Yes, full-time
 03 ☐ Yes, part-time, day or evening

36. Where did you live 5 years ago on June 1, 1976?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 04 ☐ This dwelling
 05 ☐ Different dwelling in this city, town, village, borough, or municipality **Go to Question 37**
 06 ☐ Outside Canada
 07 ☐ Different city, town, village, borough, or municipality in Canada (specify below)

City, town, village, borough, or municipality

County Province or territory

37. For WOMEN who are married or have ever been married: How many children were ever born to you? (Count all children including those who may have died since birth or who may now be living elsewhere. However do not include stillbirths.)

- 09 ☐ None OR
 10 Number of children

38. For ALL PERSONS who are married or have ever been married: What were the month and year of your first marriage?

If exact month or year are not known, enter best estimate.

11 Month Year

39. (a) Last week, how many hours did you work (not including housework or other work around your home)?

Include:

- working for wages, salary, tips or commission,
- working in your own business, farm or professional practice,
- working without pay in a family farm or business.

- 12 ☐ None **Continue with Questions 39(b) to 46**
 OR

13 Hours (to the nearest hour) **Go to Question 41**

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 14 ☐ No
 15 ☐ Yes, on temporary lay-off
 16 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 17 ☐ No
 18 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 19 ☐ No **Go to Question 40**
 20 ☐ Yes, looked for full-time work
 21 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Was there any reason why you could not start work last week?

Mark one box only

- 22 ☐ No, could have started work
 23 ☐ Yes, already had a job
 24 ☐ Yes, temporary illness or disability
 25 ☐ Yes, personal or family responsibilities
 26 ☐ Yes, going to school
 27 ☐ Yes, other reasons

40. When did you last work, even for a few days (not including housework or other work around your home)?

Mark one box only

- 28 ☐ In 1981 **Answer Questions 41 to 46**
 29 ☐ In 1980
 30 ☐ Before 1980 **Go to Question 46**
 31 ☐ Never worked in lifetime

41. **NOTE:** Questions 41 to 44 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1980. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, paper box manufacturing, road construction, retail shoe store, secondary school, dairy farm.

42. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 33 ☐ Worked at home (includes living and working on the same farm)
 34 ☐ Worked outside Canada
 35 ☐ Worked at address below (please specify)

Number Street

If street address is not known, give the building name, shopping centre or street intersection, etc.

City, town, village, borough, township or other municipality

Important: If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

County Province or territory

36 37 38

QUESTIONS FOR PERSON 2 — CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

14

44. (a) In this job were you mainly:

02 ☐ working for wages, salary, tips or commission?

03 ☐ working without pay for a relative in a family farm or business?

04 ☐ self-employed without paid help?

05 ☐ self-employed with paid help?

Go to Question 45

Continue with Question 44(b)

(b) If self-employed, was your farm or business incorporated?

06 ☐ No

07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

08 ☐ None ▶ Go to Question 46

OR

09 Weeks

(b) During most of those weeks, did you work full-time or part-time?

Mark one box only

10 ☐ Full-time

11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

In.

46. During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

13 ☐ Yes

14 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

15 ☐ Yes

17 ☐ No

☐ Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

☐ Yes

20 ☐ No

☐ Loss

(d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f))

☐ Yes

22 ☐ No

(e) Benefits from Unemployment Insurance

23 ☐ Yes

24 ☐ No

(f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances)

25 ☐ Yes

26 ☐ No

(g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

27 ☐ Yes

29 ☐ No

28 ☐ Loss

(h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances)

☐ Yes

31 ☐ No

(i) Total income from all of the above sources (Do not include family allowances)

☐ Yes

34 ☐ No

33 ☐ Loss

END OF QUESTIONS FOR PERSON 2
PERSON 3 — CONTINUE

NAME OF PERSON 3

Last name	Given name and initial

23. Where were you born? (Mark according to present boundaries.)

IN CANADA

15 Mark one box only

- 01 ☐ Nfld.
 02 ☐ P.E.I.
 03 ☐ N.S.
 04 ☐ N.B.
 05 ☐ Que.
 06 ☐ Ont.
 07 ☐ Man.
 08 ☐ Sask.
 09 ☐ Alta.
 10 ☐ B.C.
 11 ☐ Yukon
 12 ☐ N.W.T.

OUTSIDE CANADA

Mark one box only

- 13 ☐ United Kingdom
 14 ☐ Italy
 15 ☐ U.S.A.
 16 ☐ West Germany
 17 ☐ East Germany
 18 ☐ Poland

Other (specify)

24. Of what country are you a citizen?

Mark as many boxes as apply

- 20 ☐ Canada, by birth **Go to Question 26**
 21 ☐ Canada, by naturalization
 22 ☐ Same as country of birth (other than Canada)
 23 ☐ Other

Go to
Question 25

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

24

Year

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

(See Guide for further information.)

- | | |
|---|---|
| 25 <input type="checkbox"/> French | Native Peoples |
| 26 <input type="checkbox"/> English | 37 <input type="checkbox"/> Inuit |
| 27 <input type="checkbox"/> Irish | 38 <input type="checkbox"/> Status or registered Indian |
| 28 <input type="checkbox"/> Scottish | 39 <input type="checkbox"/> Non-status Indian |
| 29 <input type="checkbox"/> German | 40 <input type="checkbox"/> Métis |
| 30 <input type="checkbox"/> Italian | |
| 31 <input type="checkbox"/> Ukrainian | |
| 32 <input type="checkbox"/> Dutch (Netherlands) | |
| 33 <input type="checkbox"/> Polish | |
| 34 <input type="checkbox"/> Jewish | |
| 35 <input type="checkbox"/> Chinese | |

Other (specify)

27. What is your religion?

Mark one box only

- | | |
|--|---|
| 41 <input type="checkbox"/> Roman Catholic | 49 <input type="checkbox"/> Ukrainian Catholic |
| 42 <input type="checkbox"/> United Church | 50 <input type="checkbox"/> Pentecostal |
| 43 <input type="checkbox"/> Anglican | 51 <input type="checkbox"/> Jehovah's Witnesses |
| 44 <input type="checkbox"/> Presbyterian | 52 <input type="checkbox"/> Mennonite |
| 45 <input type="checkbox"/> Lutheran | 53 <input type="checkbox"/> Salvation Army |
| 46 <input type="checkbox"/> Baptist | 54 <input type="checkbox"/> Islam |
| 47 <input type="checkbox"/> Greek Orthodox | 55 <input type="checkbox"/> No religion |
| 48 <input type="checkbox"/> Jewish | |

Other (specify)

28. What language do you **yourself** speak at home now?

(If more than one language, which language do you speak most often?)

Mark one box only

- 57 ☐ English
 58 ☐ French
 59 ☐ German
 60 ☐ Italian
 61 ☐ Ukrainian

Other (specify)

29. Can you speak English or French well enough to conduct a conversation?

(See Guide for further information.)

Mark one box only

- 63 ☐ English only
 64 ☐ French only
 65 ☐ Both English and French
 66 ☐ Neither English nor French

30. Were you born before June 3, 1966?

- ☐ No **END HERE FOR THIS PERSON**
☐ Yes **Continue with Questions 31 to 46**

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

(See Guide for further information.)

- 67 ☐ No schooling or kindergarten only
 OR
 68 Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

- 69 ☐ None
 70 ☐ Less than 1 year (of completed courses)
 71 Number of completed years

33. How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

(See Guide for further information.)

- 72 ☐ None
 73 ☐ Less than 1 year (of completed courses)
 74 Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

(See Guide for further information.)

Mark as many boxes as apply

- 75 ☐ None
 76 ☐ Secondary (high) school graduation certificate
 77 ☐ Trades certificate or diploma
 78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
 79 ☐ University certificate or diploma **below** bachelor level
 80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
 81 ☐ University certificate or diploma **above** bachelor level
 82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 3 – CONTINUED

35. Have you attended a school, college or university at any time since last September? (Include attendance at elementary or secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.)

16 Mark one box only

- 01 ☐ No
 02 ☐ Yes, full-time
 03 ☐ Yes, part-time, day or evening

36. Where did you live 5 years ago on June 1, 1976?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 04 ☐ This dwelling
 05 ☐ Different dwelling in this city, town, village, borough, or municipality *Go to Question 37*
 06 ☐ Outside Canada
 07 ☐ Different city, town, village, borough, or municipality in Canada (specify below)

City, town, village, borough, or municipality

County Province or territory

37. For WOMEN who are married or have ever been married: How many children were ever born to you? (Count all children including those who may have died since birth or who may now be living elsewhere. However do not include stillbirths.)

- 09 ☐ None OR
 10 | | Number of children

38. For ALL PERSONS who are married or have ever been married: What were the month and year of your first marriage?

If exact month or year are not known, enter best estimate.

- 11
 Month Year

39. (a) Last week, how many hours did you work (not including housework or other work around your home)?

Include:

- working for wages, salary, tips or commission,
- working in your own business, farm or professional practice,
- working without pay in a family farm or business.

- 12 ☐ None *Continue with Questions 39(b) to 46*
 OR

Hours (to the nearest hour) *Go to Question 41*

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 14 ☐ No
 15 ☐ Yes, on temporary lay-off
 16 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 17 ☐ No
 18 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 19 ☐ No *Go to Question 40*
 20 ☐ Yes, looked for full-time work
 21 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Was there any reason why you could not start work last week?

Mark one box only

- 22 ☐ No, could have started work
 23 ☐ Yes, already had a job
 24 ☐ Yes, temporary illness or disability
 25 ☐ Yes, personal or family responsibilities
 26 ☐ Yes, going to school
 27 ☐ Yes, other reasons

40. When did you last work, even for a few days (not including housework or other work around your home)?

Mark one box only

- 28 ☐ In 1981 *Answer Questions 41 to 46*
 29 ☐ In 1980
 30 ☐ Before 1980 *Go to Question 46*
 31 ☐ Never worked in lifetime

41. **NOTE:** Questions 41 to 44 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1980. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, paper box manufacturing, road construction, retail shoe store, secondary school, dairy farm.

32

42. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 33 ☐ Worked at home (includes living and working on the same farm)
 34 ☐ Worked outside Canada
 35 ☐ Worked at address below (please specify)

Number Street

If street address is not known, give the building name, shopping centre or street intersection, etc.

City, town, village, borough, township or other municipality

Important: If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

County Province or territory

36 37 3

QUESTIONS FOR PERSON 3 - CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

17

44. (a) In this job were you mainly:

01 ☐ working for wages, salary, tips or commission?03 ☐ working without pay for a relative in a family farm or business?04 ☐ self-employed without paid help?05 ☐ self-employed with paid help?

Go to Question 45

Continue with Question 44(b)

■ (b) If self-employed, was your farm or business incorporated?

06 ☐ No07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

08 ☐ None ► Go to Question 46
OR

09 _____ Weeks

(b) During most of those weeks, did you work full-time or part-time?

Mark one box only

10 ☐ Full-time11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

12 In.

46. During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions 13 ☐ Yes 14 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership 15 ☐ Yes 16 ☐ Loss 17 ☐ No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership 18 ☐ Yes 19 ☐ Loss 20 ☐ No

(d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f)) 21 ☐ Yes 22 ☐ No

(e) Benefits from Unemployment Insurance 23 ☐ Yes 24 ☐ No

(f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances) 25 ☐ Yes 26 ☐ No

(g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages 27 ☐ Yes 28 ☐ Loss 29 ☐ No

(h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances) 30 ☐ Yes 31 ☐ No

(i) Total income from all of the above sources (Do not include family allowances) 32 ☐ Yes 33 ☐ Loss 34 ☐ No

END OF QUESTIONS FOR PERSON 3
PERSON 4 - CONTINUE

NAME OF PERSON 4

--	--

Last name _____ Given name and initial _____

23. Where were you born? (Mark according to present boundaries.)

■ IN CANADA

18 Mark one box only

- 01 ☐ Nfld.
 02 ☐ P.E.I.
 03 ☐ N.S.
 04 ☐ N.B.
 05 ☐ Que.
 06 ☐ Ont.
 07 ☐ Man.
 08 ☐ Sask.
 09 ☐ Alta.
 10 ☐ B.C.
 11 ☐ Yukon
 12 ☐ N.W.T.

OUTSIDE CANADA

Mark one box only

- 13 ☐ United Kingdom
 14 ☐ Italy
 15 ☐ U.S.A.
 16 ☐ West Germany
 17 ☐ East Germany
 18 ☐ Poland

Other (specify) _____

19 ☐

24. Of what country are you a citizen?

■ Mark as many boxes as apply

- 20 ☐ Canada, by birth **Go to Question 26**
 21 ☐ Canada, by naturalization
 22 ☐ Same as country of birth (other than Canada)
 23 ☐ Other

**Go to
Question 25**

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

Year _____

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

■ (See Guide for further information.)

- | | |
|---|---|
| 25 <input type="checkbox"/> French | Native Peoples |
| 26 <input type="checkbox"/> English | 37 <input type="checkbox"/> Inuit |
| 27 <input type="checkbox"/> Irish | 38 <input type="checkbox"/> Status or registered Indian |
| 28 <input type="checkbox"/> Scottish | 39 <input type="checkbox"/> Non-status Indian |
| 29 <input type="checkbox"/> German | 40 <input type="checkbox"/> Métis |
| 30 <input type="checkbox"/> Italian | |
| 31 <input type="checkbox"/> Ukrainian | |
| 32 <input type="checkbox"/> Dutch (Netherlands) | |
| 33 <input type="checkbox"/> Polish | |
| 34 <input type="checkbox"/> Jewish | |
| 35 <input type="checkbox"/> Chinese | |

Other (specify) _____

27. What is your religion?

■ Mark one box only

- | | |
|--|---|
| 41 <input type="checkbox"/> Roman Catholic | 49 <input type="checkbox"/> Ukrainian Catholic |
| 42 <input type="checkbox"/> United Church | 50 <input type="checkbox"/> Pentecostal |
| 43 <input type="checkbox"/> Anglican | 51 <input type="checkbox"/> Jehovah's Witnesses |
| 44 <input type="checkbox"/> Presbyterian | 52 <input type="checkbox"/> Mennonite |
| 45 <input type="checkbox"/> Lutheran | 53 <input type="checkbox"/> Salvation Army |
| 46 <input type="checkbox"/> Baptist | 54 <input type="checkbox"/> Islam |
| 47 <input type="checkbox"/> Greek Orthodox | 55 <input type="checkbox"/> No religion |
| 48 <input type="checkbox"/> Jewish | |

Other (specify) _____

28. What language do you **yourself** speak at home now?

■ (If more than one language, which language do you speak most often?)

Mark one box only

- 57 ☐ English
 58 ☐ French
 59 ☐ German
 60 ☐ Italian
 61 ☐ Ukrainian

62 ☐ _____
 Other (specify)

29. Can you speak English or French well enough to conduct a conversation?

■ (See Guide for further information.)

Mark one box only

- 63 ☐ English only
 64 ☐ French only
 65 ☐ Both English and French
 66 ☐ Neither English nor French

30. Were you born before June 3, 1966?

- ☐ No **▶ END HERE FOR THIS PERSON**
☐ Yes **▶ Continue with Questions 31 to 46**

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

■ (See Guide for further information.)

- 67 ☐ No schooling or kindergarten only
 OR

68 ☐ _____ Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

■

- 69 ☐ None
 70 ☐ Less than 1 year (of completed courses)
 71 ☐ _____ Number of completed years

33. How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

■ (See Guide for further information.)

- 72 ☐ None
 73 ☐ Less than 1 year (of completed courses)
 74 ☐ _____ Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

■ (See Guide for further information.)

Mark as many boxes as apply

- 75 ☐ None
 76 ☐ Secondary (high) school graduation certificate
 77 ☐ Trades certificate or diploma
 78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
 79 ☐ University certificate or diploma **below** bachelor level
 80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
 81 ☐ University certificate or diploma **above** bachelor level
 82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 4 - CONTINUED

35. Have you attended a school, college or university at any time since last September? (Include attendance at elementary or secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.)

19 Mark one box only

- 19 ☐ No
 20 ☐ Yes, full-time
 21 ☐ Yes, part-time, day or evening

36. Where did you live 5 years ago on June 1, 1976?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 22 ☐ This dwelling
 23 ☐ Different dwelling in this city, town, village, borough, or municipality
 24 ☐ Outside Canada
 25 ☐ Different city, town, village, borough, or municipality in Canada (specify below)

Go to Question 37

City, town, village, borough, or municipality

County

Province or territory

37. For WOMEN who are married or have ever been married: How many children were ever born to you? (Count all children including those who may have died since birth or who may now be living elsewhere. However do not include stillbirths.)

26 ☐ None OR

27 Number of children

38. For ALL PERSONS who are married or have ever been married: What were the month and year of your first marriage?

If exact month or year are not known, enter best estimate.

Month

Year

39. (a) Last week, how many hours did you work (not including housework or other work around your home)?

Include:

- working for wages, salary, tips or commission,
- working in your own business, farm or professional practice,
- working without pay in a family farm or business.

12 ☐ None ☐ Continue with Questions 39(b) to 46
 OR

13 Hours (to the nearest hour) ☐ Go to Question 41

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 14 ☐ No
 15 ☐ Yes, on temporary lay-off
 16 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 17 ☐ No
 18 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 19 ☐ No ☐ Go to Question 40
 20 ☐ Yes, looked for full-time work
 21 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Was there any reason why you could not start work last week?

Mark one box only

- 22 ☐ No, could have started work
 23 ☐ Yes, already had a job
 24 ☐ Yes, temporary illness or disability
 25 ☐ Yes, personal or family responsibilities
 26 ☐ Yes, going to school
 27 ☐ Yes, other reasons

40. When did you last work, even for a few days (not including housework or other work around your home)?

Mark one box only

- 28 ☐ In 1981 ☐ Answer Questions 41 to 46
 29 ☐ In 1980
 30 ☐ Before 1980 ☐ Go to Question 46
 31 ☐ Never worked in lifetime

41. NOTE: Questions 41 to 44 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1980. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, paper box manufacturing, road construction, retail shoe store, secondary school, dairy farm.

42. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 33 ☐ Worked at home (includes living and working on the same farm)
 34 ☐ Worked outside Canada
 35 ☐ Worked at address below (please specify)

Number Street

If street address is not known, give the building name, shopping centre or street intersection, etc.

City, town, village, borough, township or other municipality

Important: If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

County

Province or territory

QUESTIONS FOR PERSON 4 — CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

- (b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

20

44. (a) In this job were you mainly:

- 02 ☐ working for wages, salary, tips or commission? ☐ Go to Question 45
- 03 ☐ working without pay for a relative in a family farm or business? ☐ Continue with Question 44(b)
- 04 ☐ self-employed without paid help?
- 05 ☐ self-employed with paid help?

- (b) If self-employed, was your farm or business incorporated?

- 06 ☐ No
- 07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

- 08
- ☐
- None
- ☐
- Go to Question 46

OR

- 09
- ☐
- Weeks

- (b) During most of those weeks, did you work full-time or part-time?

Mark one box only

- 10 ☐ Full-time
- 11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

3 ☐ In.

46. During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

- (a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions 13 ☐ Yes ☐ No 14

- (b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership 15 ☐ Yes ☐ Loss 16 17 ☐ No

- (c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership 18 ☐ Yes ☐ Loss 19 20 ☐ No

- (d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f)) 21 ☐ Yes ☐ Loss 22 ☐ No

- (e) Benefits from Unemployment Insurance 23 ☐ Yes ☐ Loss 24 ☐ No

- (f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances) 25 ☐ Yes ☐ Loss 26 ☐ No

- (g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages 27 ☐ Yes ☐ Loss 28 29 ☐ No

- (h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances) 30 ☐ Yes ☐ Loss 31 ☐ No

- (i) Total income from all of the above sources (Do not include family allowances) 32 ☐ Yes ☐ Loss 33 34 ☐ No

END OF QUESTIONS FOR PERSON 4
PERSON 5 — CONTINUE

NAME OF PERSON 5

Last name		Given name and initial	
-----------	--	------------------------	--

23. Where were you born? (Mark according to present boundaries.)

IN CANADA

OUTSIDE CANADA

21 Mark one box only

Mark one box only

☐ Nfld.13 ☐ United Kingdom02 ☐ P.E.I.14 ☐ Italy03 ☐ N.S.15 ☐ U.S.A.04 ☐ N.B.16 ☐ West Germany05 ☐ Que.17 ☐ East Germany06 ☐ Ont.18 ☐ Poland07 ☐ Man.
08 ☐ Sask.

Other (specify)

09 ☐ Alta.10 ☐ B.C.11 ☐ Yukon12 ☐ N.W.T.

24. Of what country are you a citizen?

Mark as many boxes as apply

20 ☐ Canada, by birth **Go to Question 26**21 ☐ Canada, by naturalization22 ☐ Same as country of birth (other than Canada)**Go to Question 25**23 ☐ Other

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

24 Year

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

(See Guide for further information.)

25 ☐ French

Native Peoples

26 ☐ English37 ☐ Inuit27 ☐ Irish38 ☐ Status or registered Indian28 ☐ Scottish39 ☐ Non-status Indian29 ☐ German40 ☐ Métis30 ☐ Italian31 ☐ Ukrainian32 ☐ Dutch (Netherlands)33 ☐ Polish34 ☐ Jewish35 ☐ Chinese

Other (specify)

27. What is your religion?

Mark one box only

41 ☐ Roman Catholic49 ☐ Ukrainian Catholic42 ☐ United Church50 ☐ Pentecostal43 ☐ Anglican51 ☐ Jehovah's Witnesses44 ☐ Presbyterian52 ☐ Mennonite45 ☐ Lutheran53 ☐ Salvation Army46 ☐ Baptist54 ☐ Islam47 ☐ Greek Orthodox55 ☐ No religion48 ☐ Jewish

Other (specify)

28. What language do you **yourself** speak at home now?

(If more than one language, which language do you speak most often?)

Mark one box only

57 ☐ English58 ☐ French59 ☐ German60 ☐ Italian61 ☐ Ukrainian

Other (specify)

29. Can you speak English or French well enough to conduct a conversation?

(See Guide for further information.)

Mark one box only

63 ☐ English only64 ☐ French only65 ☐ Both English and French66 ☐ Neither English nor French

30. Were you born before June 3, 1966?

☐ No **END HERE FOR THIS PERSON**☐ Yes **Continue with Questions 31 to 46**

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

(See Guide for further information.)

67 ☐ No schooling or kindergarten only
OR68 ☐ Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

69 ☐ None70 ☐ Less than 1 year (of completed courses)71 Number of completed years33. How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

(See Guide for further information.)

72 ☐ None73 ☐ Less than 1 year (of completed courses)74 Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

(See Guide for further information.)

Mark as many boxes as apply

75 ☐ None76 ☐ Secondary (high) school graduation certificate77 ☐ Trades certificate or diploma78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)79 ☐ University certificate or diploma **below** bachelor level80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)81 ☐ University certificate or diploma **above** bachelor level82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 5 — CONTINUED

35. Have you attended a school, college or university at any time **since last September?** (Include attendance at elementary or secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.)

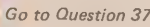

22 Mark one box only

- 01 ☐ No
 02 ☐ Yes, full-time
 03 ☐ Yes, part-time, day or evening

36. Where did you live 5 years ago on June 1, 1976?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 04 ☐ This dwelling
 05 ☐ Different dwelling in this city, town, village, borough, or municipality  Go to Question 37
 06 ☐ Outside Canada
 07 ☐ Different city, town, village, borough, or municipality in Canada (specify below) 

City, town, village, borough, or municipality

County Province or territory

08 ☐ ☐ ☐ ☐ ☐

37. For **WOMEN who are married or have ever been married:** How many children were **ever born to you?** (Count all children including those who may have died since birth or who may now be living elsewhere. However do not include stillbirths.)

- 09 ☐ None OR
 10 Number of children

38. For **ALL PERSONS who are married or have ever been married:** What were the month and year of your **first** marriage?

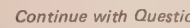

If exact month or year are not known, enter best estimate.

Month Year

39. (a) Last week, how many hours did you work (not including housework or other work around your home)?

Include:

- working for wages, salary, tips or commission,
- working in your own business, farm or professional practice,
- working without pay in a family farm or business.

- 12 ☐ None  Continue with Questions 39(b) to 46 OR
 13 Hours (to the nearest hour)  Go to Question 41

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only


- 14 ☐ No
 15 ☐ Yes, on temporary lay-off
 16 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 17 ☐ No
 18 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 19 ☐ No  Go to Question 40
 20 ☐ Yes, looked for full-time work
 21 ☐ Yes, looked for part-time work (less than 30 hours per week)



- (e) Was there any reason why you could not start work last week?

Mark one box only

- 22 ☐ No, could have started work
 23 ☐ Yes, already had a job
 24 ☐ Yes, temporary illness or disability
 25 ☐ Yes, personal or family responsibilities
 26 ☐ Yes, going to school
 27 ☐ Yes, other reasons

40. When did you last work, even for a few days (not including housework or other work around your home)?

Mark one box only

- 28 ☐ In 1981  Answer Questions 41 to 46
 29 ☐ In 1980
 30 ☐ Before 1980  Go to Question 46
 31 ☐ Never worked in lifetime

41. **NOTE:** Questions 41 to 44 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1980. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.


 Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, paper box manufacturing, road construction, retail shoe store, secondary school, dairy farm.

42. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 33 ☐ Worked at home (includes living and working on the same farm)
 34 ☐ Worked outside Canada
 35 ☐ Worked at address below (please specify) 

Number Street
 If street address is not known, give the building name, shopping centre or street intersection, etc.

City, town, village, borough, township or other municipality

Important: If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

County Province or territory

QUESTIONS FOR PERSON 5 - CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

23

01

44. (a) In this job were you mainly:

02 ☐ working for wages, salary, tips or commission?03 ☐ working without pay for a relative in a family farm or business?04 ☐ self-employed without paid help?05 ☐ self-employed with paid help?

Go to Question 45

Continue with Question 44(b)

■ (b) If self-employed, was your farm or business incorporated?

06 ☐ No07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

08 ☐ None ☐ Go to Question 46
OR09 Weeks

(b) During most of those weeks, did you work full-time or part-time?

Mark one box only

10 ☐ Full-time11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

12 ☐ In.

(46.) During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions 13 ☐ Yes ☐ No 14(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership 15 ☐ Yes ☐ Loss 16 ☐ No 17(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership 18 ☐ Yes ☐ Loss 19 ☐ No 20(d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f)) 21 ☐ Yes ☐ No 22(e) Benefits from Unemployment Insurance 23 ☐ Yes ☐ Loss 24 ☐ No(f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances) 25 ☐ Yes ☐ Loss 26 ☐ No(g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages 27 ☐ Yes ☐ Loss 28 ☐ No 29(h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances) 30 ☐ Yes ☐ Loss 31 ☐ No(i) Total income from all of the above sources (Do not include family allowances) 32 ☐ Yes ☐ Loss 33 ☐ No 34END OF QUESTIONS FOR PERSON 5
PERSON 6 - CONTINUE

NAME OF PERSON 6

Last name		Given name and initial	

23. Where were you born? (Mark according to present boundaries.)

IN CANADA

OUTSIDE CANADA

24. Mark one box only

Mark one box only

- 01 ☐ Nfld.
 02 ☐ P.E.I.
 03 ☐ N.S.
 04 ☐ N.B.
 05 ☐ Que.
 06 ☐ Ont.
 07 ☐ Man.
 08 ☐ Sask.
 09 ☐ Alta.
 10 ☐ B.C.
 11 ☐ Yukon
 12 ☐ N.W.T.

- 13 ☐ United Kingdom
 14 ☐ Italy
 15 ☐ U.S.A.
 16 ☐ West Germany
 17 ☐ East Germany
 18 ☐ Poland

Other (specify) _____

24. Of what country are you a citizen?

Mark as many boxes as apply

- 20 ☐ Canada, by birth **Go to Question 26**
 21 ☐ Canada, by naturalization
 22 ☐ Same as country of birth (other than Canada)
 23 ☐ Other

**Go to
Question 25**

25. In what year did you first immigrate to Canada?

Print year below

If exact year is not known, please enter best estimate.

Year _____

26. To which ethnic or cultural group did you or your ancestors belong on first coming to this continent?

(See Guide for further information.)

- 25 ☐ French
 26 ☐ English
 27 ☐ Irish
 28 ☐ Scottish
 29 ☐ German
 30 ☐ Italian
 31 ☐ Ukrainian
 32 ☐ Dutch (Netherlands)
 33 ☐ Polish
 34 ☐ Jewish
 35 ☐ Chinese

Native Peoples

- 37 ☐ Inuit
 38 ☐ Status or registered Indian
 39 ☐ Non-status Indian
 40 ☐ Métis

Other (specify) _____

27. What is your religion?

Mark one box only

- 41 ☐ Roman Catholic
 42 ☐ United Church
 43 ☐ Anglican
 44 ☐ Presbyterian
 45 ☐ Lutheran
 46 ☐ Baptist
 47 ☐ Greek Orthodox
 48 ☐ Jewish

- 49 ☐ Ukrainian Catholic
 50 ☐ Pentecostal
 51 ☐ Jehovah's Witnesses
 52 ☐ Mennonite
 53 ☐ Salvation Army
 54 ☐ Islam
 55 ☐ No religion

Other (specify) _____

28. What language do you **yourself** speak at home now?

(If more than one language, which language do you speak most often?)

Mark one box only

- 57 ☐ English
 58 ☐ French
 59 ☐ German
 60 ☐ Italian
 61 ☐ Ukrainian

Other (specify) _____

29. Can you speak English or French well enough to conduct a conversation?

(See Guide for further information.)

Mark one box only

- 63 ☐ English only
 64 ☐ French only
 65 ☐ Both English and French
 66 ☐ Neither English nor French

30. Were you born before June 3, 1966?

- ☐ No **END HERE FOR THIS PERSON**
☐ Yes **Continue with Questions 31 to 46**

31. What is the highest grade or year of secondary (high) or elementary school you ever attended?

(See Guide for further information.)

- 67 ☐ No schooling or kindergarten only
 OR

- 68 ☐ Highest grade or year (1 to 13) of secondary or elementary school

32. How many years of education have you ever completed at university?

- 69 ☐ None
 70 ☐ Less than 1 year (of completed courses)
 71 ☐ Number of completed years

33. How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

(See Guide for further information.)

- 72 ☐ None
 73 ☐ Less than 1 year (of completed courses)

74 ☐ Number of completed years

34. What degrees, certificates or diplomas have you ever obtained?

(See Guide for further information.)

Mark as many boxes as apply

- 75 ☐ None
 76 ☐ Secondary (high) school graduation certificate
 77 ☐ Trades certificate or diploma
 78 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
 79 ☐ University certificate or diploma **below** bachelor level
 80 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
 81 ☐ University certificate or diploma **above** bachelor level
 82 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 83 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 84 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

QUESTIONS FOR PERSON 6 - CONTINUED

35. Have you attended a school, college or university at any time since last September? (Include attendance at elementary or secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.)

25 Mark one box only

- 01 ☐ No
02 ☐ Yes, full-time
03 ☐ Yes, part-time, day or evening

36. Where did you live 5 years ago on June 1, 1976?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 04 ☐ This dwelling
- 05 ☐ Different dwelling in this city, town, village, borough, or municipality *Go to Question 37*
- 06 ☐ Outside Canada
- 07 ☐ Different city, town, village, borough, or municipality in Canada (*specify below*)

City, town, village, borough, or municipality

County _____ Province or territory _____

37. For **WOMEN** who are married or have ever been married: How many children were **ever born to you?** (Count all children including those who may have died since birth or who may now be living elsewhere. However do not include stillbirths.)

- 09 ☐ None OR
- 10 Number of children

38. For ALL PERSONS who are married or have ever been married:
What were the month and year of your first marriage?



If exact month or year are not known, enter best estimate.

Month Year

39. (a) Last week, how many hours did you work (not including housework or other work around your home)?

Include:

- working for wages, salary, tips or commission,
- working in your own business, farm or professional practice,
- working without pay in a family farm or business.

- 12 ☐ None  Continue with Questions 39(b) to 46
OR
13 ☐ Hours (to the nearest hour)  Go to Question 41

■ (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 14 ☐ No
- 15 ☐ Yes, on temporary lay-off
- 16 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

■ (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 17 ☐ No
18 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 19 ☐ No ► *Go to Question 40*
- 20 ☐ Yes, looked for full-time work
- 21 ☐ Yes, looked for part-time work (less than 30 hours per week)



- (e) Was there any reason why you could not start work last week?

Mark one box only

- 2.2 ☐ No, could have started work
- 2.3 ☐ Yes, already had a job
- 2.4 ☐ Yes, temporary illness or disability
- 2.5 ☐ Yes, personal or family responsibilities
- 2.6 ☐ Yes, going to school
- 2.7 ☐ Yes, other reasons

40. When did you last work, even for a few days (not including housework or other work around your home)?

Mark one box only

- 28 ☐ In 1981  Answer Questions 41 to 46
- 29 ☐ In 1980
- 30 ☐ Before 1980  Go to Question 46
- 31 ☐ Never worked in lifetime

41. NOTE: Questions 41 to 44 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1980. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Give full description. For example, paper box manufacturing, road construction, retail shoe store, secondary school, dairy farm.

42. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 33 ☐ Worked at home (includes living and working on the same farm)
- 34 ☐ Worked outside Canada
- 35 ☐ Worked at address below (*please specify*) _____

Number _____ Street _____

If street address is not known, give the building name, shopping centre or street intersection, etc.

City, town, village, borough, township or other municipality

Important: If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

County Province or territory

QUESTIONS FOR PERSON 6 — CONCLUDED

43. (a) What kind of work were you doing?

For example, accounting clerk, sales representative, civil engineer, secondary school teacher, chief electrician, metal worker.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling electrical tools, managing the research department, teaching mathematics, supervising construction electricians, operating lathe. (If in the Armed Forces give rank.)

26

44. (a) In this job were you mainly:

02 ☐ working for wages, salary, tips or commission?

03 ☐ working without pay for a relative in a family farm or business?

04 ☐ self-employed without paid help?

05 ☐ self-employed with paid help?

Go to Question 45

Continue with Question 44(b)

(b) If self-employed, was your farm or business incorporated?

06 ☐ No

07 ☐ Yes

45. (a) In how many weeks did you work during 1980 (not including housework or other work around your home)?

Include those weeks in which you:

- worked full-time or part-time;
- were on vacation or sick leave with pay;
- were self-employed.

08 ☐ None ▶ Go to Question 46

OR

09 Weeks

(b) During most of those weeks, did you work full-time or part-time?

Mark one box only

10 ☐ Full-time

11 ☐ Part-time

CONTINUE WITH QUESTION 46

OFFICE USE ONLY

12 ☐ In.

46. During the year ending December 31, 1980, did you receive any income or suffer any loss from the sources listed below?

- If yes, please check the "Yes" box and enter the amount; in case of a loss, also check the "Loss" box.
- If no, please check the "No" box and proceed to the next source.
- Do not include family allowances.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

13 ☐ Yes14 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

15 ☐ Yes17 ☐ No16 ☐ Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

18 ☐ Yes20 ☐ No19 ☐ Loss

(d) Old age security pension and guaranteed income supplement from federal government only, and benefits from Canada or Quebec Pension Plan (Provincial income supplements should be reported in (f))

21 ☐ Yes22 ☐ No

(e) Benefits from Unemployment Insurance

23 ☐ Yes24 ☐ No

(f) Other income from government sources including provincial income supplements and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (Do not include family allowances)

25 ☐ Yes26 ☐ No

(g) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

27 ☐ Yes29 ☐ No28 ☐ Loss

(h) Retirement pensions, superannuation and annuities and other money income, e.g., alimony, scholarships (Do not include family allowances)

31 ☐ Yes32 ☐ No

(i) Total income from all of the above sources (Do not include family allowances)

33 ☐ Yes34 ☐ No33 ☐ Loss

END OF QUESTIONS FOR PERSON 6

TELEPHONE ASSISTANCE SERVICE

If, after referring to the Guide, you require further assistance to complete your questionnaire, our Telephone Assistance Service is available from 9 a.m. to 9 p.m. from Thursday, May 28 through Friday, June 5 (excluding Sunday).

If you live within the local calling area of one of the cities listed below, dial the number shown opposite the name of the city.

SERVICE AUXILIAIRE TÉLÉPHONIQUE

Si, après avoir consulté le Guide, vous avez encore besoin d'aide pour remplir votre questionnaire, vous pourrez vous adresser à notre Service auxiliaire téléphonique de 9 heures à 21 heures, entre le jeudi 28 mai et le vendredi 5 juin (sauf le dimanche).

Si vous habitez dans le secteur de service local d'une des villes suivantes, composez le numéro indiqué.

ST. JOHN'S (NFLD.)	737-2100
HALIFAX	426-8500
MONTREAL	283-1981
OTTAWA	996-3128
TORONTO	868-1981
WINNIPEG	949-2010
EDMONTON	420-3699
VANCOUVER	683-5521

In all other areas, call the long distance operator and ask for ZENITH 0-1981. You will be connected to the nearest Telephone Assistance Service, without charge.

Si vous habitez dans un autre secteur, demandez à la téléphoniste de vous donner ZENITH 0-1981. Elle vous mettra en communication, sans frais, avec le Service auxiliaire téléphonique le plus rapproché.

COMMENTS

This image shows a full page of blank handwriting practice paper. It features ten sets of horizontal lines. Each set consists of a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The paper is cream-colored and has no other markings or text.

CA1
BS
- 7009

1981 Census of Canada

Please complete your questionnaire on
Wednesday, June 3, 1981

Prov.	FED No.	EA No.	VN	1.		
<div>2A</div>						
				Hhld. No.	Doc. type	No. of persons
UD						FR

Aux francophones:

Si ce questionnaire anglais vous a été remis par erreur et si vous désirez un questionnaire français, veuillez appeler le Service auxiliaire téléphonique. Les numéros à composer figurent sur ce questionnaire. On vous remettra un questionnaire dans la langue de votre choix.

Legal requirement

The census of Canada is taken under the authority of the Statistics Act, which requires everyone to provide the information requested.

Confidential when completed

The information you will give will be kept confidential and used only for the production of statistics. No one will see the answers you give except for persons sworn to secrecy under the Statistics Act. These persons are subject to prosecution and legal penalties if they disclose personal census information.

Please complete address or exact location:

Street and No. or lot and concession	
City, town, village, municipality	
Province or territory	Postal code
Telephone number:	

To Temporary Residents

If all members of this household are **Temporary Residents** (i.e., persons staying here temporarily who have a usual home elsewhere in Canada), enter the total number of temporary residents in this box and do not complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

To Foreign Residents

If all members of this household are **Foreign Residents** (see below), mark this box and do not complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

Foreign Residents
(any person in the following categories):

- government representatives of another country attached to the legation, embassy or other diplomatic body of that country in Canada, and their families;
- members of the Armed Forces of another country, and their families;
- students from another country attending school in Canada, and their families;
- workers from another country in Canada on Employment Visas, and their families; and
- residents of another country visiting in Canada temporarily.

NOTE:

Please mark ☒ all your answers clearly with a dark pencil or pen.

The Question Guidelines on this questionnaire should provide the answers to any problems that may arise. If not, don't hesitate to call our Telephone Assistance Service. The numbers to call are listed on this questionnaire and all calls are free of charge.

1. NAME

Using the instructions given on the left, print below the names of all persons usually living here as of Wednesday, June 3, 1981.

Person 1 01

Last name

Given name and initial

Person 2 02

Last name

Given name and initial

Person 3 03

Last name

Given name and initial

Person 4 04

Last name

Given name and initial

Person 5 05

Last name

Given name and initial

Person 6 06

Last name

Given name and initial

2. RELATIONSHIP TO PERSON 1

For each person in this household, mark ☒ one box only to describe his or her relationship to Person 1. If you mark the box "Other relative" or "Other non-relative", print in the relationship to Person 1. Some examples of the "Other" relationships are:

grandmother
uncle

room-mate's daughter
employee's husband

For further examples and special cases, see guidelines.

01 ☒ Person 1

- 02 ☐ Husband or wife of Person 1
- 03 ☐ Common-law partner of Person 1
- 04 ☐ Son or daughter of Person 1
- 05 ☐ Father or mother of Person 1
- 06 ☐ Brother or sister of Person 1
- 07 ☐ Son-in-law or daughter-in-law of Person 1
- 08 ☐ Father-in-law or mother-in-law of Person 1

- 09 ☐ Brother-in-law or sister-in-law of Person 1
- 10 ☐ Grandchild of Person 1
- 11 ☐ Nephew or niece of Person 1
- ☐ Other relative of Person 1 (print below)

- 12 ☐ Lodger
- 13 ☐ Lodger's husband or wife
- 14 ☐ Lodger's son or daughter
- 15 ☐ Room-mate
- 16 ☐ Employee
- ☐ Other non-relative (print below)

17 ☐

- 09 ☐ Brother-in-law or sister-in-law of Person 1
- 10 ☐ Grandchild of Person 1
- 11 ☐ Nephew or niece of Person 1
- ☐ Other relative of Person 1 (print below)

- 12 ☐ Lodger
- 13 ☐ Lodger's husband or wife
- 14 ☐ Lodger's son or daughter
- 15 ☐ Room-mate
- 16 ☐ Employee
- ☐ Other non-relative (print below)

17 ☐

- 09 ☐ Brother-in-law or sister-in-law of Person 1
- 10 ☐ Grandchild of Person 1
- 11 ☐ Nephew or niece of Person 1
- ☐ Other relative of Person 1 (print below)

- 12 ☐ Lodger
- 13 ☐ Lodger's husband or wife
- 14 ☐ Lodger's son or daughter
- 15 ☐ Room-mate
- 16 ☐ Employee
- ☐ Other non-relative (print below)

09 ☐

- 09 ☐ Brother-in-law or sister-in-law of Person 1
- 10 ☐ Grandchild of Person 1
- 11 ☐ Nephew or niece of Person 1
- ☐ Other relative of Person 1 (print below)

- 12 ☐ Lodger
- 13 ☐ Lodger's husband or wife
- 14 ☐ Lodger's son or daughter
- 15 ☐ Room-mate
- 16 ☐ Employee
- ☐ Other non-relative (print below)

17 ☐

- 09 ☐ Brother-in-law or sister-in-law of Person 1
- 10 ☐ Grandchild of Person 1
- 11 ☐ Nephew or niece of Person 1
- ☐ Other relative of Person 1 (print below)

- 12 ☐ Lodger
- 13 ☐ Lodger's husband or wife
- 14 ☐ Lodger's son or daughter
- 15 ☐ Room-mate
- 16 ☐ Employee
- ☐ Other non-relative (print below)

17 ☐

- 04 ☐ Son or daughter of Person 1
- 05 ☐ Father or mother of Person 1
- 06 ☐ Brother or sister of Person 1
- 07 ☐ Son-in-law or daughter-in-law of Person 1
- 08 ☐ Father-in-law or mother-in-law of Person 1

3. DATE OF BIRTH

Print day, month and year. Example:
If you were born on the 10th of
February, 1945, you would enter

10	
Day	
02	1945
Month	Year

If exact date is not known, enter
best estimate.

Day	
Month	Year

Day	
Month	Year

Day	
Month	Year

Day	
18	Month
Year	

Day	
18	Month
Year	

Day	
Month	Year

4. SEX

- 19 ☐ Male
- 20 ☐ Female

- 19 ☐ Male
- 20 ☐ Female

- 19 ☐ Male
- 20 ☐ Female

- 19 ☐ Male
- 20 ☐ Female

- 19 ☐ Male
- 20 ☐ Female

- 19 ☐ Male
- 20 ☐ Female

5. MARITAL STATUS

What is your marital
status?

(See guidelines for
further information.)

Mark one box only

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

- 21 ☐ Now married
(excluding separated)
- 22 ☐ Separated
- 23 ☐ Divorced
- 24 ☐ Widowed
- 25 ☐ Never married
(single)

6. What is the language you first learned in childhood and still understand?

Mark one box only

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

- 57 ☐ English
- 58 ☐ French
- 59 ☐ German
- 60 ☐ Italian
- 61 ☐ Ukrainian
- 62 ☐ Other (specify)

OFFICE
USE
ONLY

63 A

64 F

65 M

63 A

64 F

65 M

63 A

64 F

65 M

63 A

64 F

65 M

63 A

64 F

65 M

63 A

64 F

65 M

A **dwelling** is a separate set of living quarters with a **private entrance** from the outside or from a common hallway or stairway inside the building. This entrance should not be through someone else's living quarters.

7. Enter the name of the person (or one of the persons) who lives here and is responsible for paying the rent, or mortgage, or taxes, or electricity, etc., for this dwelling.

07

Last name

Given name and initial

This person should answer the following questions about this dwelling.

NOTE: If no one living here makes any such payments, mark here ☐ and answer the dwelling questions yourself.

8. How many persons usually live here (according to the WHOM TO INCLUDE item in the INSTRUCTIONS FOR QUESTION 1)?

Number of persons

9. Did you leave anyone out of Question 1 because you were not sure whether he or she should be listed? For example, a student, a lodger who also has another home, a new baby still in hospital, or a former occupant of this household who has become a patient in a hospital or sanatorium within the past six months.

☐ Yes

☐ No

If "Yes", print the name of each person left out and the reason.

Name

Reason

Name

Reason

If you require more space, please use the Comments section.

10. How many persons who have a usual home elsewhere in Canada are staying or visiting here temporarily (as of Census Day, June 3)?

☐ None

OR

Number of persons

11. Is this dwelling:

Mark one box only

04 ☐ owned or being bought by you or a member of this household?

04 ☐ rented (even if no cash rent is paid)?

12. Is this dwelling a:

Mark one box only

05 ☐ **single house** — a single dwelling not attached to any other building and surrounded on all sides by open space?



06 ☐ **semi-detached or double house** — one of two dwellings attached side by side but not attached to any other building and surrounded on all other sides by open space?



07 ☐ **duplex** — one of two dwellings, one above the other, not attached to any other building and surrounded on all sides by open space?



08 ☐ **row house** — one of three or more dwellings joined side by side but not having any other dwellings either above or below?



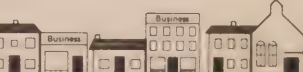
09 ☐ **apartment in a building that has five or more storeys** — for example, a dwelling unit in a highrise apartment building?



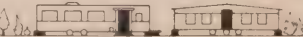
10 ☐ **apartment in a building that has less than five storeys** — for example, a dwelling unit in a triplex, quadruplex or a dwelling unit in a non-residential building or in a house that has been converted?



11 ☐ **house attached to a non-residential building** — a single dwelling attached at ground level to another building (such as a store, etc.) but separated from it by a common wall running from ground to roof?



12 ☐ **mobile home** (designed and constructed to be transported on its own chassis and capable of being moved on short notice)?



13 ☐ **other movable dwelling** (such as a tent, travel trailer, railroad car or houseboat)?



OFFICE USE ONLY

14 ☐ Trans.

15 ☐ Coll.

16 ☐ Ref.

17 ☐ Miss.

18 ☐ JIC — A

19 ☐ JIC — B

TELEPHONE ASSISTANCE SERVICE

If, after referring to the Question Guidelines, you require further assistance to complete your questionnaire, our Telephone Assistance Service is available from 9 a.m. to 9 p.m. from Thursday, May 28 through Friday, June 5 (excluding Sunday).

If you live within the local calling area of one of the cities listed below, dial the number shown opposite the name of the city.

SERVICE AUXILIAIRE TÉLÉPHONIQUE

Si, après avoir consulté les instructions, vous avez encore besoin d'aide pour remplir votre questionnaire, vous pourrez vous adresser à notre Service auxiliaire téléphonique de 9 heures à 21 heures, entre le jeudi 28 mai et le vendredi 5 juin (sauf le dimanche).

Si vous habitez dans le secteur de service local d'une des villes suivantes, composez le numéro indiqué.

ST. JOHN'S (NFLD.)	737-2100
HALIFAX	426-8500
MONTREAL	283-1981
OTTAWA	996-3128
TORONTO	868-1981
WINNIPEG	949-2010
EDMONTON	420-3699
VANCOUVER	683-5521

In all other areas, call the long distance operator and ask for ZENITH 0-1981. You will be connected to the nearest Telephone Assistance Service, without charge.

Si vous habitez dans un autre secteur, demandez à la téléphoniste de vous donner ZENITH 0-1981. Elle vous mettra en communication, sans frais, avec le Service auxiliaire téléphonique le plus rapproché.

COMMENTS

INSTRUCTIONS FOR QUESTION 1

ORDER OF LISTING OF HOUSEHOLD MEMBERS

To ensure that all persons in the same family group are listed together, the following order should be used when entering the names of all members of the household in Question 1:

(a) Person 1;

choose one of the following as Person 1:

- either the husband or the wife in any married couple living here
- either partner in a common-law relationship
- the parent, where one parent only lives with his or her never-married son(s) or daughter(s) of any age.

If none of the above applies, choose any adult member of this household.

(b) husband or wife (or common-law partner) of Person 1;

(c) never-married children or stepchildren of Person 1;

(d) other children of Person 1, and their families;

(e) other relatives of Person 1 (whether related by blood, marriage, adoption or common-law), and their families;

(f) persons not related to Person 1, and their families.

WHOM TO INCLUDE

To make certain that every resident of Canada is counted in the census (and that no one is counted more than once), the following guidelines should be used when deciding who should be included on this questionnaire.

Include

- all persons who usually live here, even if they are temporarily away (such as on business or at school);
- any persons staying or visiting here who have no other usual home;
- persons who usually live here but are now in an institution (such as a hospital, correctional institution), if they have been there for less than six months;
- unmarried persons who have a home elsewhere but stay in this dwelling most of the week while working;
- infants born on or before June 2, 1981;
- deceased persons who were alive at midnight between June 2 and June 3, 1981.

Do not include

- persons who are now in an institution and have been there for the past six months or longer;
- infants born on or after June 3, 1981;
- persons permanently away in the Armed Forces;
- post-secondary students who are financially independent and who live elsewhere;
- unmarried sons or daughters who live elsewhere most of the week while working, even if they return home on the weekends
- foreign residents (see front cover).

HOUSEHOLDS WITH MORE THAN SIX PERSONS

If there are more than six persons in this household, enter the first six on one questionnaire and continue with the seventh person on a second questionnaire, starting in the row marked "Person 2".

If you need additional questionnaires, see the guidelines for Question 1.

A message to all Canadians

Every five years Canada takes a census — a national stock-taking of its people and their housing. From the information it provides, we, as a nation, are better equipped to meet the many challenges facing us at every level, national, regional and local.

The answers you give, when compiled into statistics, are used in determining economic and social policies, planning industrial development, and estimating needs for schools, roads and many other public services.

Population figures are used to determine electoral district boundaries, and to calculate per capita grants to provinces and municipalities. For every person who does not initially respond, additional funds must be spent on follow-up procedures. The failure to count yourself in could result in the loss of revenue to your own community.

The Statistics Act, under which the census is carried out, not only defines your obligation to co-operate, but ensures that the information you provide will be kept confidential and used only for the purposes of that Act.

Your co-operation is essential. Please do your part by completing this questionnaire promptly, as of June 3, 1981, in accordance with the instructions provided.

Thank you for your co-operation.

Question Guidelines

Question 1. Refer to the instructions adjacent to Question 1 when considering whom to (or not to) include as members of your household. If you have doubts as to whether a person should be listed, enter the person's name and the reason in the space provided in Question 9.

If there are more than six persons in your household and you do not have a second questionnaire, note this in the "Comments" section of your questionnaire, complete the questionnaire for six persons in your household and return as instructed. A Census Representative will contact you later with an additional questionnaire.

Question 2. To enable us to identify family groups within the household, it is necessary to select a reference person (Person 1), and to state the relationship of each household member to that person. For example, if John Smith lives with his father Thomas Smith, and Thomas Smith has been entered as Person 1, John Smith would mark "Son or daughter of Person 1".

There may be a member or members of your household whose relationship to Person 1 is not described in Question 2. In such cases, mark either "Other relative of Person 1" or "Other non-relative", and also print the exact relationship to Person 1 in the space provided.

"Other relative" includes persons such as uncles, aunts, cousins, grandfathers, grandmothers, and so on. "Other non-relative" refers to household members who are not related to Person 1 by blood, marriage, adoption or common-law. Some examples are employee's wife, employee's daughter, room-mate's son, landlord, and so on.

The term "common-law", as used in "Common-law partner of Person 1" or as may be used to describe any other such partnership in the household (for example, "Lodger's common-law partner"), should be interpreted as applying to any case of a couple living together in this type of union.

Note that stepchildren, adopted children, and children of a common-law partner should be considered as sons and daughters. Foster children, wards and guardianship children who are not related to Person 1 by blood, marriage, adoption or common-law should be listed as lodgers.

Question 5. Mark "Now married" if you have a husband or wife who is now living, even if you are temporarily living apart because one of you is employed away from home, hospitalized, etc., but not if you are actually separated or have obtained a divorce.

For census purposes, couples living in a common-law type of arrangement are considered as "Now married", regardless of their legal marital status.

Mark "Separated" if you are separated from your husband or wife due to causes such as desertion or marriage breakdown, or because you no longer want to live together, provided that no divorce has been obtained.

Mark "Divorced" if you have obtained a divorce and have not remarried.

Question 6. You must still understand the language you report in this question. For infants, report the first language they are or will be learning.

Question 8. If your household has more than six persons you will require more than one questionnaire. Please see the guideline for Question 1.

If you are using more than one questionnaire, please answer this question on the first questionnaire only.

Question 9. If you have difficulty determining if a person should be included on your questionnaire, please refer to the WHOM TO INCLUDE item in the column adjacent to Question 1.

Question 11. Special cases

Mark "Owned" if the dwelling you occupy is owned or being bought by you and/or a member of this household even if (a) it is situated on rented or leased land or (b) it is part of a condominium (whether registered or unregistered). For census purposes, a **condominium** is a multi-unit residential complex in which dwellings are owned individually while land is held in joint ownership with others.

Mark "Rented" in all other cases even if the dwelling you occupy is (a) provided without cash rent or at a reduced rent, such as a clergyman's residence, a superintendent's dwelling in an apartment building, etc., or is (b) part of a co-operative. For census purposes, in a **co-operative** all members jointly own the co-operative and occupy their dwelling units under a lease agreement.

Question 12.

Single and semi-detached house

If you live in what is referred to as a "linked home" (a single house which is not attached to any other dwelling above ground, but is attached below ground), mark "Single house".

Duplex and apartment

Two dwellings, one above the other, attached to other dwellings are to be considered as apartments and **not** as duplexes.

Apartment

Do not count as storeys floors that are used solely for parking, storage or laundry and recreation facilities.

If you are in doubt concerning the number of storeys in an apartment building, mark "Apartment in a building that has five or more storeys" if there is at least one passenger elevator in the building. If there is no passenger elevator in the building, mark "Apartment in a building that has less than five storeys".

